

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

12576

2932

Registrar's No.

No. 300
10-48

FILED APR 4 1953

318

1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lake - Chesterfield, Mo. R#2	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) Olive Street Road 4000	
3. NAME OF DECEASED (Type or Print) a. (First) ERNST b. (Middle) W. c. (Last) ZIERENBERG		4. DATE OF DEATH (Month) (Day) (Year) 3 15 53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 3, 1878
9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months 5	11. UNDER 1 YEAR Days 12	12. UNDER 1 YEAR Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Merchant		10b. KIND OF BUSINESS OR INDUSTRY Own business	
11. BIRTHPLACE (City and State or Foreign Country) Hanover, Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Wilhelmina Schaner berg		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 496-38-0939		17. INFORMANT'S SIGNATURE OR NAME Mrs. Wilhelmina Zierenberg	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriothrombosis			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR? 331X	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 3-4 1953, to 3-15 1953, that I last saw the deceased alive on 3-15 1953, and that death occurred at 10:20a.m., from the causes and on the date stated above.			
23a. SIGNATURE R. Prudley		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 3-15-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/17/53	
24c. NAME OF CEMETERY OR CREMATORY St. John E & R Church		24d. LOCATION (City, town, or county) (State) Bellefontaine, Mo	
DATE REC'D BY LOCAL REG. MAR 17 1953		25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, Ballwin, Mo	

S. G. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Richard Bapp

Licensed Embalmer No. *4584*

P. O. Address *Bellvue, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.